

TITLE IV Part A Safe and Drug-Free Schools
FINANCIAL STATUS REPORT (Claim Form)

LEA NAME _____ REPORTING PERIOD _____
ADDRESS _____ FISCAL YEAR _____
_____ BUDGET NUMBER _____

	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES	(D) TOTAL CLAIMED EXPENDITURES	(E) BUDGET BALANCE
[1] SALARIES					
[2] EMPLOYEE BENEFITS					
[3] PURCHASED SERVICES					
[4] SUPPLIES & MATERIALS					
[5] SUBTOTAL					
[6] INDIRECT COSTS					
[7] CAPITAL ACQUISITIONS					
[8] GRAND TOTAL					

[9] INDIRECT COST RATE: _____ (Enter restrictive rate approved by DECA)

[10] FUNDS RECEIVED OR REQUESTED PRIOR TO
THIS REPORT (FROM LINE 13 PREVIOUS CLAIM) \$ _____

[11] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[12] FUNDS REQUESTED THIS PERIOD
(LINE 11 MINUS LINE 10)
Should equal column C, line 8 and total under lin \$ _____

[13] TOTAL FUNDS REQUESTED OR RECEIVED THRU
THIS REPORT PERIOD (LINE 10 PLUS LINE 12) \$ _____

[14] OBLIGATIONS PAID AFTER JUNE 30TH \$ _____

If using the Transferability option indicate below the appropriate funds to be expended through TITLE IV Part A. The TOTAL should equal line 12. Available fund balances should be obtained from your approved Transferability table in your application. School districts are required to track funds used for allowable Transferability activities through the original funding source. Only the allowable use of funds is being redirected.

[15]	TRANSFERABILITY-SOURCE OF FUNDS	REVENUE CODE	BUDGETED AMOUNT	CURRENT CLAIMED AMOUNT
	TITLE II Part A	4159		
	TITLE II Part D	4156		
	TITLE IV Part A	4176		
	TITLE V Part A	4157		
	TOTAL			

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN
EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS
TRUE AND CORRECT.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

PHONE NUMBER

DATE

For Office Use Only:	
Payment entered:	Date